

Permit No: (DMLR use only)	
Bond Applied To: (DMLR use only)	



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINED LAND RECLAMATION
P. O. DRAWER 900; BIG STONE GAP, VA 24219
TELEPHONE: (276) 523-8100

CERTIFICATE OF DEPOSIT

Re: Performance Bond for: _____
Company/Principal Name

The accompanying instrument, Certificate of Deposit No. _____

In the amount of _____ \$ _____ constitutes the performance bond for the
aforementioned company under **[CHECK ONE ONLY]**: _____ Permit Application Number or

_____ Permit Number _____ pursuant to § 45.1-241 of the **Code of Virginia**, as amended, and
Subchapter VJ of the **Virginia Coal Surface Mining Reclamation Regulations**.

This letter certifies that the aforementioned instrument is not and will not be considered as, or used as,
collateral for any other purpose by the undersigned institution.

Further, without the actual presentation of the original instrument to the undersigned institution, the
institution shall not authorize the withdrawal of, encumbrance, transfer of funds from, or allow the redemption of
said instrument without the expressed written consent of the Department of Mines, Minerals and Energy, Division
of Mined Land Reclamation of the Commonwealth of Virginia (DMLR).

It is further certified that the undersigned institution shall notify the DMLR and the Permittee of any notice
received or action filed alleging the insolvency or bankruptcy of the undersigned institution, or alleging any
violations, which could result in the suspension or revocation of the institution's charter or license to do business.

By: _____ For: _____
Name of Institution Official (printed or typed) Name of Institution

Signature of Institution Official Title of Institution Official

Address: _____ Telephone Number: _____
City: _____ State: _____ Zip: _____

Notarization:

Subscribed and sworn to before me by, _____, this _____ day of
_____, 20 _____, in the State of _____, in the City/County of _____

Notary Public Name (printed or typed) (Seal) _____, Notary Public
My Commission Expires _____, 20 _____
Notary Public Signature